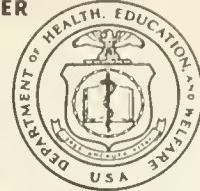


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NATIONAL COMMUNICABLE DISEASE CENTER



Morbidity and Mortality

Vol. 17, No. 45

WEEKLY REPORT

Week Ending
November 9, 1968

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

EPIDEMIOLOGIC NOTES AND REPORTS

MYCOPLASMA PNEUMONIAE – Atlanta, Georgia

Between September 23 and October 16, 1968, 27 cases of *Mycoplasma pneumoniae* occurred at a university in Atlanta, Georgia, among the members and pledges of one fraternity; nine persons were hospitalized with clinical pneumonia, four were treated as outpatients, and 14 others reported illness on questionnaires distributed to the fraternity. Symptoms for the cases included malaise, fever, myalgia, severe headache, dizziness, coryza, sore throat, and non-productive cough. Physical findings of the hospitalized students included temperature elevation (102° to 104°F.), erythema of the mucous membranes with occasional

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	45th WEEK ENDED		MEDIAN 1963 - 1967	CUMULATIVE, FIRST 45 WEEKS		
	November 9, 1968	November 11, 1967		1968	1967	MEDIAN 1963 - 1967
Aseptic meningitis	72	72	41	3,895	2,677	1,862
Brucellosis	4	2	2	196	216	217
Diphtheria	1	15	5	192	140	171
Encephalitis, primary:						
Arthropod-borne & unspecified	20	25	---	1,239	1,433	---
Encephalitis, post-infectious	3	1	---	421	690	---
Hepatitis, serum	86	57	672	3,959	1,918	33,084
Hepatitis, infectious	876	724	672	39,253	33,253	
Malaria	25	48	3	2,037	1,800	93
Measles (rubeola)	214	260	1,235	20,779	59,892	247,629
Meningococcal infections, total	31	22	42	2,253	1,890	2,408
Civilian	29	20	---	2,065	1,769	---
Military	2	2	---	188	121	---
Mumps	1,661	---	---	134,062	---	---
Poliomyelitis, total	–	4	4	53	36	87
Paralytic	–	1	3	53	29	82
Rubella (German measles)	314	275	---	46,078	41,815	---
Streptococcal sore throat & scarlet fever	8,230	8,273	7,208	362,954	384,564	340,481
Tetanus	3	4	4	150	194	234
Tularemia	1	–	2	159	150	224
Typhoid fever	8	6	6	345	364	383
Typhus, tick-borne (Rky. Mt. spotted fever)	1	–	2	269	293	239
Rabies in animals	55	69	59	2,976	3,745	3,745

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	3	Rabies in man:	1
Botulism:	7	Rubella, Congenital Syndrome:	5
Leptospirosis: * Ill.-1	43	Trichinosis: Conn.-1	55
Plague:	3	Typhus, murine: Ga.-1	29
Psittacosis: *	40		

*Delayed reports; Leptospirosis: Okla. 1
Psittacosis: Calif. delete 1

MYCOPLASMA PNEUMONIAE - (Continued from front page)

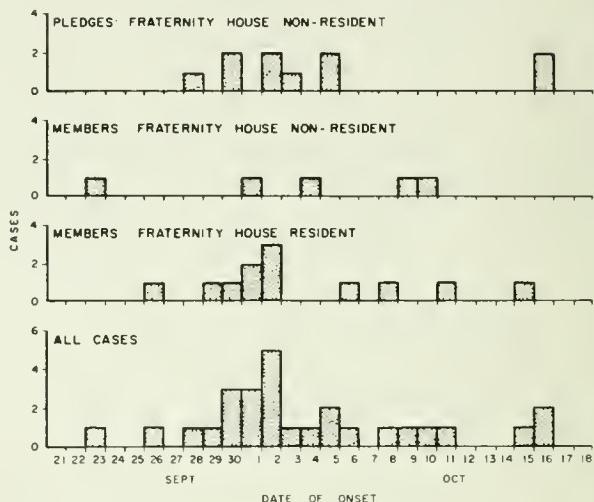
pharyngeal exudate, posterior cervical lymphadenopathy, and fine, localized rales; four students developed otitis media. White blood cell counts were within the normal range, but atypical lymphocytes were present on some peripheral blood smears. Duration of illness was approximately 8 days for about one half of the cases. Similar illnesses occurred in five social acquaintances of five members and in the father and brother of another member. The laboratory partner of a non-ill fraternity member developed clinical primary atypical pneumonia on October 30.

On October 21, serum was collected from 55 members and pledges. Complement fixation and indirect hemagglutination geometric mean titers against *M. pneumoniae* on sera from 18 non-ill members were 1:13 and 1:28, respectively, and on sera from 18 convalescent students, 1:129 and 1:142, respectively. Complement fixation titers on these same sera showed no rises against influenza A and B, para-influenza 1, 2, and 3, adenoviruses, and psittacosis. Cultures of throat washings are in progress.

The epidemic curve suggested a common source of exposure for the outbreak (Figure 1). The only period when members and pledges shared a common environment prior to the outbreak was September 18 when all were present for pledge initiation and a catered dinner at a local cafeteria. Other common exposures which may account for later cases occurred on September 28 and October 6 and 8.

(Reported by McLaren Johnson, Jr., M.D., Atlanta, Georgia; T. O. Vinson, M.D., Dekalb County Health Department;

Figure 1
RESPIRATORY ILLNESS IN A FRATERNITY
POPULATION BY DATE OF ONSET
ATLANTA, GEORGIA
SEPTEMBER 21-OCTOBER 18, 1968



John E. McCroan, Ph.D., Director, Epidemiologic Investigations Branch, Georgia State Department of Health; Respiratory Virus Infections Unit, Virology Section, Laboratory Program, NCDC; and a team of EIS Officers.)

VENEZUELAN EQUINE ENCEPHALITIS - Dade County, Florida

The first reported case in North America of naturally acquired clinical Venezuelan equine encephalitis (VEE) occurred in early September in a 53-year-old woman. The woman was a resident of Dade County, Florida, and had no history of travel outside southern Florida. She was hospitalized in mid-September with an illness characterized by high fever, sore throat, cough, dyspnea, severe headache, diplopia, and stiff neck. On admission, a lumbar puncture revealed 900 white blood cells, 65 percent of which were mononuclears. Complement fixation and hemagglutination-inhibition tests on paired sera demonstrated fourfold rises in antibody titer against VEE, and neutralization tests demonstrated a significant titer rise. Stool cultures for enteroviruses have been negative to date, and antibody titers against respiratory viruses and other arbovirus antigens were negative. The patient is presently recovering at home.

POLIOMYELITIS IN A PATIENT WITH THYMIC DYSPLASIA AND DYSGAMMAGLOBULINEMIA
Washington, D.C.

A case of poliomyelitis in an 8-month-old, unimmunized girl with thymic dysplasia and dysgammaglobulinemia has been reported from Washington, D.C. The patient was

Although naturally acquired clinical disease due to VEE had not previously been recognized in North America, VEE virus had been isolated in mosquitoes and a cotton rat. Serologic surveys have demonstrated antibody levels in Seminole and Miccosukee Indian residents in southern Florida. Intensive studies are underway to elucidate the human, zootic, and entomologic distribution of the VEE virus in and around Dade County, Florida.

(Reported by E. Charlton Prather, M.D., M.P.H., Director, Division of Epidemiology, and Elsie Buff, M.S., Microbiologist in Charge, Virology Department, Florida State Board of Health; Milton S. Saslaw, M.D., M.P.H., Assistant County Health Director for Disease Control, and other personnel, Dade County Department of Public Health; N. Joel Ehrenkranz, M.D., Professor of Medicine, University of Miami School of Medicine; and the Laboratory Program, NCDC; and two EIS Officers.)

hospitalized in early June with a diagnosis of pneumonia 4 days after an older sibling had received trivalent oral poliovaccine. Following admission, a number of gram

negative organisms were cultured, but the pulmonary condition proved resistant to antibiotic treatment. A segmental lobectomy of the right upper lobe for persistent atelectasis did not result in improvement. Aseptic meningitis followed by paralysis of the left lower extremity developed in the child 4 weeks after hospitalization and death supervened 2 months after the onset of paralysis. At no time was paralysis of the muscles of respiration noted.

An antemortem immunoglobulin determination had demonstrated markedly low IgG (200 mg percent) and increased IgM (132 mg percent) and IgA (192 mg percent) immunoglobulins. Poliovirus type 3 was cultured from throat swab and stool specimens collected throughout the course of illness and from nervous tissue cultured at

autopsy. The virus has been characterized antigenically as vaccine-like. Neutralizing antibody titers to poliovirus type 3 were 1:30, 1:30, and 1:15 on sera drawn at the onset, 3 weeks, and 6 weeks, respectively. Autopsy findings were consistent with poliomylitis, pneumonitis, and an alymphocytic, but otherwise normal, thymus gland.

The case represents an instance of paralytic disease occurring in a patient with abnormal globulin levels who had been in recent intimate contact with an oral polio-vaccine recipient.

(Reported by John R. Pate, M.D., M.P.H., Chief, Communicable Disease Control, District of Columbia Department of Public Health.)

TRANSFUSION MALARIA — Fort Sill, Oklahoma

On July 30, 1968, a 25-year-old American woman, the wife of a U.S. Army officer, was admitted to the obstetrical service of the base hospital at Fort Sill, Oklahoma, and delivered a normal child. Because of a postpartum hemorrhage, she received six units of whole blood between July 30 and August 3. She was discharged from the hospital and remained well until August 16, when she developed a persistent severe headache, nausea, and fever. She was hospitalized on August 18 and was treated with antibiotics for suspected endometritis. However, over the next 5 days, she continued to have temperatures to 104°F. On August 22, she became semicomatoso. On August 23, trophozoites of *Plasmodium falciparum* were detected on a routine peripheral blood smear. She was then treated with quinine, pyrimethamine, and diaminodiphenylsulfone (DDS) and made an uneventful recovery.

The patient had no history of malaria or use of shared syringes and had not traveled outside the United States. The six blood donors were all contacted; none had ever experienced malaria attacks, but three had traveled to malarious areas within the past 5 years. Serum was obtained from each donor and analyzed for the presence of malaria antibodies by the indirect fluorescent technique. Only one donor had a positive serology; the dilution end points in his serum were 1:256 against *P. falciparum* and 1:64 against both *P. vivax* and *P. brasilianum*, thus indicating a recent *P. falciparum* infection. The positive donor, a 21-year-old white American male, had served with the U.S. Army in Vietnam for 1 year, returning to the United States on January 18, 1968; otherwise, he had never traveled

to malarious areas. He had no history of malaria and had not been ill while in Vietnam. In February 1968, he experienced headache and weakness without fever for 4 days; this illness resolved spontaneously, and to date, he has remained well. While in Vietnam, he took a combination tablet containing 300 mg chloroquine base and 45 mg primaquine base once weekly in addition to 25 mg of DDS daily. He continued the chloroquine-primaquine for 8 weeks and the DDS for 14-28 days after returning to the United States. He used no antimalarial medication thereafter. He donated his blood on July 17, 1968, and it was given to the patient on July 30. Blood smears obtained from this donor in late August and mid-September 1968 did not contain malaria parasites; after the last blood smears were obtained, he was treated with quinine and pyrimethamine. (Reported by James T. Howell, Captain, MC, USA, Chief, and Philip H. Perkins, Captain, MC, USA, Post Sanitarian, Preventive Medicine Division, U.S. Reynolds Army Hospital, Fort Sill, Oklahoma; and R. Leroy Carpenter, M.D., M.P.H., Director, Division of Epidemiology, Oklahoma State Department of Health.)

Editorial Note:

This is the third transfusion-induced case of *P. falciparum* malaria reported in 1968. It seems unlikely that the responsible donor in this case could have acquired significant immunity to his infection, since he never had clinical attacks of malaria; nonetheless, he was able to maintain an asymptomatic falciparum infection for a minimum of 6 months. The mechanisms underlying this unusual host-parasite relationship remain obscure.

CLOSTRIDIUM PERFRINGENS FOOD POISONING — New York City

An outbreak of food poisoning occurred on September 14, 1968, in New York City, among members of a company following a banquet dinner at a hotel. Of a total of 1,800 members present at the banquet, it was estimated that more than 900 individuals became ill with symptoms

characterized by headache, nausea, abdominal cramps, and diarrhea, giving an attack rate of over 50 percent. The mean incubation period was 15 hours with a range from 2-26 hours. The illness was mild and lasted 12-24 hours.

(Continued on page 416)

CLOSTRIDIUM PERFRINGENS FOOD POISONING – (Continued from page 415)

Food histories implicated roast beef as the vehicle of infection. On the day of the banquet, 90 ribs of beef were prepared. After cooking, the roasts were deboned, trimmed, and sliced by machine, processed in succession with no intervening cleaning or sanitizing of work surfaces. The meat was then placed in warming cabinets until serving time. Cultures of "check-up" roast beef scraps revealed contamination by *Clostridium perfringens* while cultures of cooked but unsliced whole roast beef were negative for *C. perfringens*.

It was believed by the New York City Department of Health that one or several ribs of beef were contaminated at the time of delivery to the hotel. Since all meat was

exposed to the same work surfaces during the deboning and slicing processes after cooking, cross-contamination could easily have occurred. Incubation in the warming cabinets created a situation favoring replication. This would explain the presence of *C. perfringens* in the roast beef scraps and its absence in the cooked but intact roast beef.

(Reported by Carol S. Schachner, M.D., Epidemiologist, Tibor Fodor, M.D., Chief, Division of Epidemiology, Bureau of Preventable Diseases, and Charles Reisberg, Senior Public Health Sanitarian, New York City Department of Health.)

*Identically processed beef prepared the following day.

CURRENT TRENDS MEASLES – United States

For the week ending November 9, 1968, 214 cases of measles were reported to the NCDC. This is a decrease of 18 percent from the 260 cases reported in the comparable week last year.

From October 6 through November 2, 1968 (weeks 41-44), 565 cases of measles were reported. This is an increase

of 85 cases over the 480 cases reported in the preceding 4-week period but is less than one half of the 1,187 cases reported during the corresponding 4 weeks in 1967 (Figure 2).

The frequency distribution of states according to the number of measles cases reported during the 4-week period (weeks 41-44), in 1967 and 1968 is shown in Table 1. The

Figure 2
REPORTED CASES OF MEASLES BY 4-WEEK PERIODS
UNITED STATES – JULY-DECEMBER, 1967 AND 1968

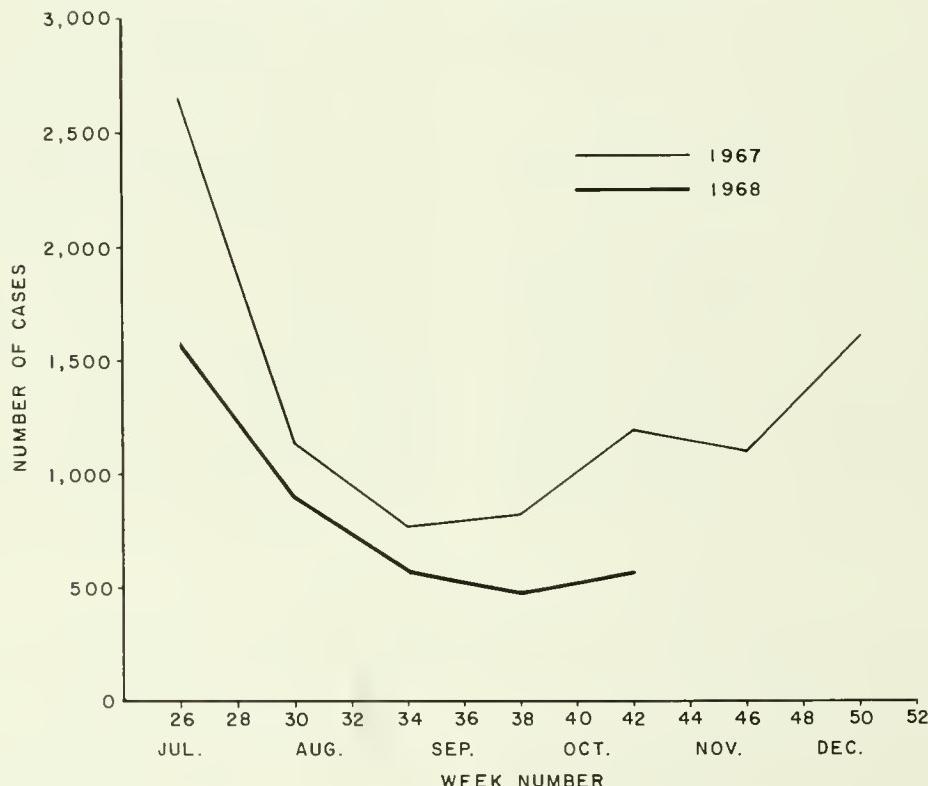


Table 1
Frequency Distribution of States According to Measles Cases Reported, Weeks 41-44, 1967 and 1968

Cases Reported	Number of States*	
	1968	1967
0	19	11
1-9	20	19
10-24	6	7
≥25	7	15

*Includes the District of Columbia and New York City.

major difference in the distribution between 1967 and 1968 is in the number of states that did not report a single case of measles and in the number that reported 25 or more cases. For this 4-week period in 1968, 18 states and the

District of Columbia did not report a single case of measles in contrast to only 11 in 1967. There was essentially no change in the number of states reporting at least one case but fewer than 25 cases. In those states reporting 25 or more cases, however, there was slightly more than a 50 percent reduction for the current year over the preceding year.

For this 4-week period in 1968, 37 states showed a decrease in reported cases from the cases reported in 1967; five states and New York City showed an increase and nine areas showed no change. Of these nine, seven states and the District of Columbia did not report a single case in the 4-weeks in either year and the other state reported only three cases in each year.

(Reported by State Services Section, and Statistics Section, Epidemiology Program, NCDC.)

EPIDEMIOLOGIC NOTES AND REPORTS AN OUTBREAK OF SALMONELLOSIS — Shelby County, Tennessee

An outbreak of salmonellosis involving 130 persons who had attended a church supper occurred on October 16, 1968, in Shelby County, Tennessee. Of 116 people contacted following the dinner, 98 (84.5 percent) had been ill. Onset of illness occurred from 2 to 118 hours after the dinner with a median onset of 23 hours. The mean duration of illness was not determined; however, one third of the cases were still ill when contacted 5 days after the supper. Symptoms included diarrhea (90 percent), abdominal cramps (89 percent), fever (80 percent), prostration (76 percent), nausea (73 percent), and vomiting (37 percent). None of those ill required hospitalization, and no deaths were reported. Stool cultures were obtained from 24 of those ill, and 21 were positive for salmonella, of which 10 have been identified as *Salmonella saint-paul*.

Food histories implicated turkey as the vehicle of infection. Cultures of two samples of turkey frozen after the dinner were positive for *S. saint-paul*. This turkey was prepared from frozen turkeys purchased on October 14. The turkeys were thawed overnight in a refrigerator, unwrapped, and held on flat metal trays prior to cooking. They were cooked in a large steamer for 5-1/2 hours at 400°F. and returned to the same metal trays. The turkeys were deboned and refrigerated until 3 hours before the meal. They were then sliced and held at room temperature until served. Two food handlers were involved in the preparation of the meal. Neither reported illness, and stool cultures from both were negative for salmonella. Further investigation of the food handling practices revealed that the refrigerator in which the meat had been stored was not functioning properly. In addition, the supply of hot water was inadequate for dishwashing and the bottles of sanitizing compound attached to the sink water supply had insufficient solution present in the bottles to allow for any to be in the sink water supply. Swabs from the metal trays on which the turkeys were placed after thawing as well as after cooking were positive for *S. saint-paul*. These trays

had been washed twice prior to culture, first, after holding the raw turkey and second, after holding the cooked turkey.

Turkeys from the same lot as those purchased for the church dinner were obtained from the distributor. Cultures of swabs from these were also positive for salmonella. *S. saint-paul* was isolated from other flocks on the farm on which the turkeys were raised. In addition, salmonella was isolated from the environment of the turkey processing plant from which this lot had originated and from samples of feed concentrate fed to the flock. (This feed contained rendered animal by-products.) Serotyping of these isolates has not yet been completed. Further study to trace the source of contamination in the feed is in progress.

(Reported by Cecil B. Tucker, M.D., M.P.H., Director, Division of Preventable Diseases, and W. M. Arnold, Director, Memphis Branch Laboratory, and J. H. Barrick, Ph.D., Director, Division of Laboratories, Tennessee Department of Public Health; Eugene Fowinkle, M.D., Director, and Donald R. Daffran, Sanitation Division, Memphis-Shelby County Health Department; Epidemiologic Services Laboratory Section, Epidemiology Program, NCDC; and a team of EIS Officers.)

Editorial Note:

Poultry and poultry products are an important source of epidemic salmonellosis in the United States. Of 25 foodborne outbreaks of salmonellosis reported in the NCDC Salmonella Surveillance Reports in 1967, five involving 2,195 persons were traced to contaminated turkey and seven involving 2,101 persons were traced to contaminated eggs. The outbreak reported above is characteristic of salmonella outbreaks traced to contaminated poultry. Turkeys fed on feed containing contaminated poultry by-products may become infected with salmonellae. During processing of the infected birds, organisms may spread through the environment of the processing plant to other

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SALMONELLOSIS - (Continued from page 417)

birds processed at the same time. Potentially contaminated by-products may be returned to the renderer and incorporated in new batches of feed, thus completing the cycle of infection.

Outbreaks may occur when contaminated processed turkey is improperly handled. In this outbreak, although cooked adequately to eliminate salmonella, the turkeys become recontaminated in the kitchen. Although the level

of recontamination may have been low, the meat was inadequately refrigerated prior to serving, permitting the initial inoculum to multiply. As has been seen many times in the past, the use of contaminated raw poultry and the existence of improper food handling combined to produce an outbreak. By interrupting the cycle of contamination in the flocks and by improving the education of food handlers, similar outbreaks may be prevented in the future.

FOODBORNE EPIDEMIC OF SHIGELLOSIS - Ohio

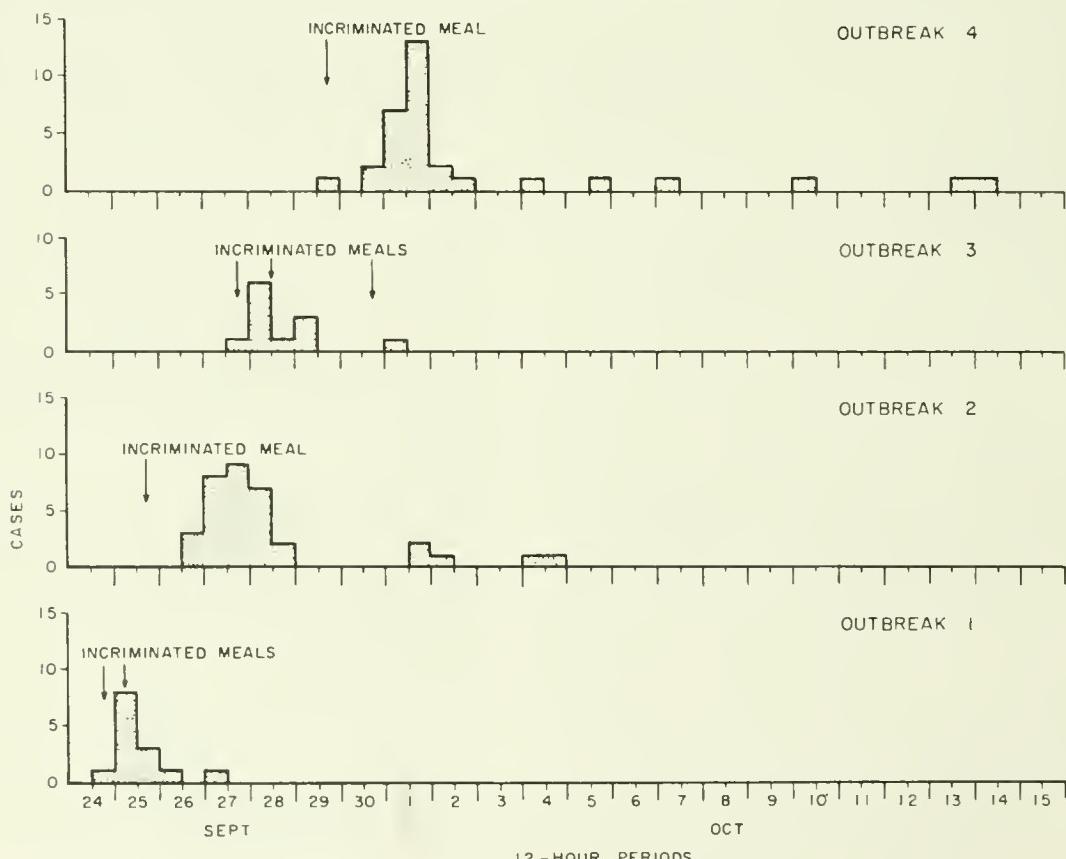
Several common source outbreaks of shigellosis occurred in Montgomery and Butler Counties, Ohio, from September 24 through October 14, 1968, following the ingestion of food supplied by a caterer in Dayton, Ohio, (Figure 3). Of a total of 130 individuals known to have eaten food supplied by this caterer, more than 98 persons became ill with symptoms characterized by severe diarrhea (many with mucous and blood), fever, abdominal cramps,

and less frequently, nausea and vomiting, giving an overall attack rate of approximately 75 percent. The epidemic curves demonstrate four common source exposures with mean incubation periods ranging from 12-70 hours and mean duration of illness from 6-8 days.

Food histories implicated potato salad and chicken salad as the vehicles of infection. The food was delivered

(Continued on page 424)

Figure 3
SHIGELLOSIS BY DATE OF ONSET*
MONTGOMERY AND BUTLER COUNTIES, OHIO
SEPTEMBER 24-OCTOBER 15, 1968



*TIME OF ONSET UNAVAILABLE FOR 7 CASES

RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

The Public Health Service Advisory Committee on Immunization Practices meeting on October 9, 1968, issued the following recommendation on use of attenuated mumps virus vaccine in public health and preventive medical programs, a revision of the initial recommendation which appeared in the MMWR, Vol. 16, No. 51, December 23, 1967.

MUMPS VACCINE

INTRODUCTION

Mumps, one of the common communicable diseases, is observed with greatest frequency in young school-age children. However, approximately 15 percent of reported cases occur after the onset of puberty.

Overt evidence of central nervous system disease with sequelae is rare in mumps, although meningeal involvement appears to be common. Orchitis has been reported in up to 20 percent of clinical cases occurring in post-pubertal males. Symptomatic involvement of other glands and organs is observed less frequently. Nerve deafness is a very rare, but serious, complication of mumps.

All naturally acquired mumps infections, including the estimated 30 percent which are subclinical, confer durable immunity.

LIVE MUMPS VACCINE*

Live mumps vaccine is prepared in chick embryo cell culture. It produces an inapparent, non-communicable infection following administration. Since its introduction approximately 1 year ago, mumps vaccine has been given to more than 1 million persons without report of significant side reactions clearly attributable to vaccination.

More than 95 percent of susceptible vaccinees develop detectable antibodies after vaccination. Although titers are lower than those induced by natural infection, the pattern of antibody persistence parallels that seen following clinical mumps. The long-term duration of vaccine induced immunity is unknown but 3-year observations show continuing protection against natural infections and, in two small groups of children, antibody levels which are persisting without decline.

RECOMMENDATIONS FOR VACCINE USE

Live mumps vaccine may be used at any age from 12 months. It should not be administered to children less than 12 months old because of possible persistence of interfering maternal antibody. The vaccine is of particular value in children approaching puberty, adolescents, and adults, especially males, who have not had mumps parotitis, either unilateral or bilateral.**

Since the Committee's initial statement on live, attenuated mumps vaccine in 1967, further experience with the vaccine has been accumulated. In view of evidence showing continued vaccine efficacy and safety, the Committee has modified its recommendation for limited vaccination of young children and now suggests that consideration be given to immunizing all susceptible children over 1 year of age. The Committee reaffirms

its position, however, that mumps vaccination programs should not be allowed to take priority over essential ongoing health activities.

Vaccine Dose

A single dose of vaccine should be administered subcutaneously in the volume specified by the manufacturer.

Prevention of Mumps Following Exposure

It is not known whether live mumps vaccine will provide protection when administered after exposure. There is, however, no contraindication to its use at that time.***

Precautions in Using Live Mumps Vaccine

Severe Febrile Illnesses: Vaccination should be postponed until the patient is completely recovered.

Marked Hypersensitivity to Vaccine Components: Mumps vaccine is produced in chick embryo cell culture and should not be given to persons hypersensitive to ingested egg proteins. Also, the vaccine contains small amounts of neomycin, so it should not be given to individuals known to be sensitive to this antibiotic.

Leukemia, Lymphomas, and Other Generalized Malignancies: Theoretically, attenuated mumps virus infection might be potentiated by other severe underlying diseases, such as lymphomas and generalized malignancies.

Altered Resistance from Therapy: Steroids, alkylating drugs, antimetabolites, and radiation may predispose to untoward complications due to altered resistance.

Pregnancy: On theoretical grounds, it is reasonable to avoid using the live mumps vaccine during pregnancy.

Simultaneous Administration of Live Mumps Vaccine with Other Antigens

In order to evaluate the live mumps vaccine adequately, its simultaneous administration with other vaccines should be deferred until results of controlled clinical investigations are available. Until then, it is recommended that mumps vaccination be separated from other immunization procedures by about one month whenever possible.

CONTINUED SURVEILLANCE

Careful surveillance of mumps is important. There is need to improve reporting of mumps cases and their complications, to demonstrate continuing vaccine effectiveness, and to document patterns of vaccine use.

*Official name: Mumps virus vaccine, live.

**The mumps skin test with currently available antigens is an unreliable indicator of immunity.

***Inactivated mumps vaccine and mumps hyperimmune globulin globulin are of questionable effectiveness under these circumstances.

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
NOVEMBER 9, 1968 AND NOVEMBER 11, 1967 (45th WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	DIPHTHERIA	ENCEPHALITIS			HEPATITIS			MALARIA
					Primary including unsp. cases	Post- Infectious	Serum	Infectious			
	1968	1967	1968	1968	1968	1967	1968	1968	1967	1968	
UNITED STATES...	72	72	4	1	20	25	3	86	876	724	25
NEW ENGLAND.....	3	3	-	-	1	-	-	6	31	27	1
Maine.*.....	-	-	-	-	-	-	-	-	1	1	-
New Hampshire.*.....	-	1	-	-	-	-	-	1	-	-	-
Vermont.....	-	-	-	-	-	-	-	-	-	-	-
Massachusetts.....	-	2	-	-	-	-	-	1	20	17	-
Rhode Island.....	3	-	-	-	-	-	-	-	1	1	-
Connecticut.....	-	-	-	-	1	-	-	4	9	8	1
MIDDLE ATLANTIC.....	18	6	-	-	2	5	-	21	105	122	3
New York City.....	8	2	-	-	-	-	-	14	36	58	-
New York, up-State.....	2	1	-	-	1	2	-	2	21	13	2
New Jersey.*.....	3	1	-	-	1	-	-	5	31	19	1
Pennsylvania.....	5	2	-	-	-	3	-	-	17	32	-
EAST NORTH CENTRAL...	15	16	-	-	5	7	2	3	189	111	4
Ohio.....	5	5	-	-	3	6	1	-	60	37	-
Indiana.....	2	-	-	-	-	-	-	-	11	16	2
Illinois.....	3	4	-	-	1	-	1	2	54	32	2
Michigan*.....	5	7	-	-	1	1	-	1	48	23	-
Wisconsin.....	-	-	-	-	-	-	-	-	16	3	-
WEST NORTH CENTRAL...	4	4	3	-	2	5	1	2	37	42	-
Minnesota.....	3	4	-	-	1	-	-	2	17	3	-
Iowa.....	-	-	3	-	-	-	-	-	4	5	-
Missouri.....	1	-	-	-	-	-	-	-	10	24	-
North Dakota.....	-	-	-	-	-	-	-	-	-	2	-
South Dakota	-	-	-	-	-	-	-	-	1	-	-
Nebraska.....	-	-	-	-	-	-	-	-	-	2	-
Kansas.....	-	-	-	-	1	5	1	-	5	6	-
SOUTH ATLANTIC.....	2	15	-	-	-	3	-	9	85	91	4
Delaware.....	-	-	-	-	-	-	-	-	3	2	-
Maryland.....	-	8	-	-	-	1	-	1	14	20	3
Dist. of Columbia.....	-	2	-	-	-	-	-	1	4	1	-
Virginia.....	1	1	-	-	-	-	-	1	1	16	-
West Virginia.....	1	-	-	-	-	-	-	-	7	16	-
North Carolina.....	-	1	-	-	-	1	-	1	2	9	1
South Carolina.....	-	-	-	-	-	1	-	2	8	9	-
Georgia.....	-	-	-	-	-	-	-	-	26	6	-
Florida.....	-	3	-	-	-	-	-	3	20	12	-
EAST SOUTH CENTRAL...	2	4	-	-	3	1	-	-	67	46	-
Kentucky.....	-	1	-	-	-	1	-	-	32	21	-
Tennessee.....	1	2	-	-	3	-	-	-	14	17	-
Alabama.....	1	-	-	-	-	-	-	-	11	1	-
Mississippi.....	-	1	-	-	-	-	-	-	10	7	-
WEST SOUTH CENTRAL...	4	5	-	1	1	-	-	1	65	57	2
Arkansas.....	-	1	-	-	1	-	-	-	2	9	-
Louisiana.....	-	1	-	-	-	-	-	1	15	12	2
Oklahoma.*.....	1	-	-	-	-	-	-	-	-	1	-
Texas.....	3	3	-	1	-	-	-	-	48	35	-
MOUNTAIN.....	-	-	-	-	-	1	-	3	40	39	4
Montana.....	-	-	-	-	-	-	-	-	2	3	-
Idaho.....	-	-	-	-	-	-	-	-	2	-	-
Wyoming.....	-	-	-	-	-	-	-	-	-	1	-
Colorado.....	-	-	-	-	-	-	-	2	5	3	2
New Mexico.....	-	-	-	-	-	1	-	-	6	26	1
Arizona.*.....	-	-	-	-	-	-	-	-	14	3	1
Utah.....	-	-	-	-	-	-	-	1	6	3	-
Nevada.....	-	-	-	-	-	-	-	-	5	-	-
PACIFIC.....	24	19	1	-	6	3	-	41	257	189	7
Washington.*.....	2	1	-	-	-	-	-	-	36	7	3
Oregon.....	2	-	-	-	2	-	-	2	13	14	1
California.....	20	17	1	-	4	3	-	39	200	168	2
Alaska.....	-	-	-	-	-	-	-	-	8	-	1
Hawaii.....	---	1	---	---	---	---	---	---	---	---	---
Puerto Rico.*.....	-	-	-	-	-	-	-	-	27	15	-

*Delayed reports: Aseptic meningitis: Okla. 1
Encephalitis, primary: Mich. 3
Hepatitis, infectious: Me. 2, N.H. 4, N.J. 43, Ariz. 3, Wash. 5, P.R. 2
Malaria: Wash. 2

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
NOVEMBER 9, 1968 AND NOVEMBER 11, 1967 (45th WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS	POLIOMYELITIS			RUBELLA	
		Cumulative			Cumulative			1968	Paralytic			
		1968	1968	1967	1968	1968		1968	1968	Cum. 1968	1968	
UNITED STATES...	214	20,779	59,892	31	2,253	1,890	1,661	-	-	53	314	
NEW ENGLAND.....	2	1,189	897	2	132	74	218	-	-	1	38	
Maine*.....	-	38	254	-	6	3	16	-	-	-	-	
New Hampshire*.....	-	141	77	-	7	2	-	-	-	-	-	
Vermont.....	-	2	34	-	1	1	30	-	-	-	1	
Massachusetts.*.....	2	374	377	2	69	35	85	-	-	1	14	
Rhode Island.....	-	6	62	-	9	4	10	-	-	-	-	
Connecticut.....	-	628	93	-	40	29	77	-	-	-	23	
MIDDLE ATLANTIC.....	55	4,334	2,405	6	404	310	73	-	-	1	26	
New York City.....	19	2,271	486	1	81	54	26	-	-	-	8	
New York, Up-State.....	21	1,275	614	-	72	78	NN	-	-	1	10	
New Jersey*.....	13	669	545	2	140	101	47	-	-	-	4	
Pennsylvania.*.....	2	119	760	3	111	77	NN	-	-	-	4	
EAST NORTH CENTRAL...	34	3,990	5,822	8	280	259	383	-	-	7	78	
Ohio.....	2	312	1,168	1	77	90	36	-	-	2	9	
Indiana.....	5	699	625	-	38	28	36	-	-	1	16	
Illinois.....	8	1,394	1,058	3	63	60	32	-	-	2	8	
Michigan.....	5	301	979	4	82	63	126	-	-	2	29	
Wisconsin.....	14	1,284	1,992	-	20	18	153	-	-	-	16	
WEST NORTH CENTRAL...	1	398	2,920	3	123	91	152	-	-	3	14	
Minnesota.....	-	17	135	-	29	21	1	-	-	-	-	
Iowa.....	-	104	764	-	8	18	136	-	-	1	13	
Missouri.....	-	81	339	1	40	17	3	-	-	2	-	
North Dakota.....	-	138	877	1	4	3	8	-	-	-	1	
South Dakota.....	-	4	58	-	5	7	NN	-	-	-	-	
Nebraska.....	1	44	653	-	9	15	4	-	-	-	-	
Kansas.....	-	10	94	1	28	10	-	-	-	-	-	
SOUTH ATLANTIC.....	20	1,571	7,109	5	447	364	132	-	-	3	20	
Delaware.....	-	16	50	1	9	7	3	-	-	-	1	
Maryland.....	-	103	169	1	39	50	16	-	-	-	1	
Dist. of Columbia..	-	6	24	-	16	14	6	-	-	1	-	
Virginia.....	10	315	2,227	1	43	42	5	-	-	-	2	
West Virginia.....	9	308	1,444	-	13	35	47	-	-	1	4	
North Carolina.....	-	284	917	-	85	72	NN	-	-	1	-	
South Carolina.....	-	12	512	-	58	30	19	-	-	-	5	
Georgia.....	-	4	37	1	89	56	-	-	-	-	-	
Florida.....	1	523	1,729	1	95	58	36	-	-	-	7	
EAST SOUTH CENTRAL...	-	501	5,401	2	202	148	52	-	-	1	16	
Kentucky.....	-	103	1,407	-	92	44	20	-	-	1	8	
Tennessee.....	-	62	1,976	2	60	64	30	-	-	-	8	
Alabama.....	-	95	1,345	-	27	26	-	-	-	-	-	
Mississippi.....	-	241	673	-	23	14	2	-	-	-	-	
WEST SOUTH CENTRAL...	48	5,037	17,853	1	326	237	117	-	-	24	25	
Arkansas.....	-	2	1,404	-	20	33	-	-	-	1	-	
Louisiana.....	-	24	156	1	93	95	-	-	-	-	-	
Oklahoma*.....	-	125	3,358	-	52	18	1	-	-	2	-	
Texas.....	48	4,886	12,935	-	161	91	116	-	-	21	25	
MOUNTAIN.....	8	1,033	4,793	-	39	39	95	-	-	1	20	
Montana.....	-	58	319	-	6	5	-	-	-	-	-	
Idaho.....	-	21	393	-	11	3	3	-	-	-	1	
Wyoming.....	-	54	188	-	3	1	-	-	-	-	-	
Colorado.....	-	518	1,606	-	11	13	33	-	-	-	11	
New Mexico.....	8	130	598	-	-	5	24	-	-	-	-	
Arizona*.....	-	226	1,037	-	4	5	25	-	-	1	7	
Utah.....	-	21	383	-	1	4	10	-	-	-	1	
Nevada.....	-	5	269	-	3	3	-	-	-	-	-	
PACIFIC.....	46	2,726	12,692	4	300	368	439	-	-	12	77	
Washington*.....	13	579	5,579	1	47	35	115	-	-	1	16	
Oregon.....	7	554	1,676	-	23	30	18	-	-	-	10	
California.....	25	1,547	5,116	3	214	288	276	-	-	11	46	
Alaska.....	1	11	140	-	3	11	30	-	-	-	5	
Hawaii.....	---	35	181	---	13	4	---	---	---	---	---	
Puerto Rico.....	20	466	2,223	-	20	14	31	-	-	-	-	

*Delayed reports: Measles: Mass. delete 1, N.J. 32, Pa. delete 1, Ariz. 2, Wash. 9

Meningococcal infections: Okla. 1, Wash. 1

Mumps: Me. 5, N.H. 14, Ariz. 16, Wash. 111

Rubella: Me. 1, Ariz. 1, Wash. 17

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
NOVEMBER 9, 1968 AND NOVEMBER 11, 1967 (45th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
		1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968
UNITED STATES...	8,230	3	150	1	159	8	345	1	269	55	2,976
NEW ENGLAND.....	1,061	-	4	-	47	-	12	-	1	-	72
Maine*.....	11	-	-	-	-	-	2	-	-	-	53
New Hampshire.*	20	-	1	-	-	-	1	-	-	-	2
Vermont.....	62	-	-	-	47	-	-	-	-	-	11
Massachusetts.....	209	-	1	-	-	-	6	-	1	-	5
Rhode Island.....	55	-	-	-	-	-	-	-	-	-	-
Connecticut.....	704	-	2	-	-	-	3	-	-	-	1
MIDDLE ATLANTIC.....	258	-	19	-	7	-	32	-	22	-	49
New York City.....	11	-	11	-	-	-	15	-	-	-	-
New York, Up-State.	179	-	4	-	7	-	8	-	5	-	40
New Jersey.*	NN	-	1	-	-	-	4	-	7	-	-
Pennsylvania.....	68	-	3	-	-	-	5	-	10	-	9
EAST NORTH CENTRAL...	577	1	15	-	11	-	47	-	9	4	272
Ohio.....	52	-	2	-	1	-	19	-	7	1	91
Indiana.....	126	-	2	-	1	-	7	-	-	2	88
Illinois.....	152	1	7	-	8	-	19	-	2	1	38
Michigan.....	139	-	3	-	1	-	-	-	-	-	14
Wisconsin.....	108	-	1	-	-	-	2	-	-	-	41
WEST NORTH CENTRAL...	188	1	15	-	15	2	37	-	9	10	734
Minnesota.....	30	-	2	-	-	1	2	-	-	2	229
Iowa.....	58	-	4	-	-	-	2	-	1	1	117
Missouri.....	4	-	5	-	7	1	26	-	3	2	105
North Dakota.....	60	-	-	-	-	-	-	-	-	4	116
South Dakota.....	22	1	1	-	3	-	2	-	4	-	97
Nebraska.....	7	-	3	-	-	-	3	-	1	1	26
Kansas.....	7	-	-	-	5	-	2	-	-	-	44
SOUTH ATLANTIC.....	883	-	32	-	12	4	60	-	141	12	357
Delaware.....	6	-	-	-	-	-	-	-	-	-	1
Maryland.....	120	-	3	-	-	-	9	-	18	1	6
Dist. of Columbia..	3	-	2	-	-	-	1	-	-	-	1
Virginia.....	175	-	4	-	3	-	10	-	44	4	124
West Virginia.....	160	-	2	-	-	-	-	-	2	-	47
North Carolina.....	23	-	2	-	3	2	4	-	39	-	12
South Carolina.....	251	-	4	-	-	1	3	-	9	-	-
Georgia.....	7	-	3	-	4	1	15	-	26	4	70
Florida.....	138	-	12	-	2	-	18	-	3	3	96
EAST SOUTH CENTRAL...	1,295	-	15	-	8	1	40	-	52	14	639
Kentucky.....	133	-	1	-	1	-	9	-	10	11	332
Tennessee.....	914	-	6	-	5	1	17	-	36	2	275
Alabama.....	60	-	5	-	-	-	2	-	4	1	25
Mississippi.....	188	-	3	-	2	-	12	-	2	-	7
WEST SOUTH CENTRAL...	776	1	29	1	47	-	48	1	29	9	459
Arkansas.....	14	1	5	-	15	-	17	-	6	3	61
Louisiana.....	34	-	10	-	7	-	6	-	1	2	44
Oklahoma.....	8	-	-	1	9	-	14	-	13	-	118
Texas.....	720	-	14	-	16	-	11	1	9	4	236
MOUNTAIN.....	1,840	-	1	-	8	-	16	-	5	-	83
Montana.....	19	-	-	-	-	-	-	-	-	-	-
Idaho.....	161	-	-	-	-	-	-	-	1	-	-
Wyoming.*	319	-	-	-	1	-	1	-	-	-	3
Colorado.....	881	-	-	-	3	-	2	-	4	-	4
New Mexico.....	230	-	-	-	-	-	8	-	-	-	35
Arizona.*	135	-	1	-	-	-	4	-	-	-	37
Utah.....	91	-	-	-	4	-	-	-	-	-	1
Nevada.....	4	-	-	-	-	-	1	-	-	-	3
PACIFIC.....	1,352	-	20	-	4	1	53	-	1	6	311
Washington.*	632	-	1	-	-	-	2	-	-	-	2
Oregon.....	82	-	1	-	1	-	5	-	-	-	6
California.....	609	-	18	-	3	1	46	-	1	6	303
Alaska.....	29	-	-	-	-	-	-	-	-	-	-
Hawaii.....	---	-	-	-	-	-	-	-	-	-	-
Puerto Rico.....	6	-	12	-	-	-	4	-	-	1	19

*Delayed reports: SST: Me. 15, N.H. 14, Wyo. 300, Ariz. 73, Wash. 565

Tetanus: N.J. 1

Rabies in animals: Ariz. 1

Week No. TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED NOVEMBER 9, 1968

45

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	798	458	39	36	SOUTH ATLANTIC:	1,166	592	40	64
Boston, Mass.-----	270	146	16	11	Atlanta, Ga.-----	125	55	2	18
Bridgeport, Conn.-----	38	19	4	2	Baltimore, Md.-----	186	86	3	14
Cambridge, Mass.-----	27	16	-	-	Charlotte, N. C.-----	52	27	-	1
Fall River, Mass.-----	27	18	1	-	Jacksonville, Fla.-----	82	53	1	-
Hartford, Conn.-----	70	38	3	3	Miami, Fla.-----	125	72	-	4
Lowell, Mass.-----	35	20	4	2	Norfolk, Va.-----	52	25	3	3
Lynn, Mass.-----	17	13	-	2	Richmond, Va.-----	89	48	6	6
New Bedford, Mass.-----	41	30	1	-	Savannah, Ga.-----	47	17	4	2
New Haven, Conn.-----	48	21	4	7	St. Petersburg, Fla.-----	102	79	6	1
Providence, R. I.-----	62	35	2	4	Tampa, Fla.-----	75	41	10	2
Somerville, Mass.-----	18	9	-	-	Washington, D. C.-----	190	67	5	11
Springfield, Mass.-----	53	28	2	2	Wilmington, Del.-----	41	22	-	2
Waterbury, Conn.-----	31	19	-	-					
Worcester, Mass.-----	61	46	2	3					
MIDDLE ATLANTIC:	3,329	2,004	125	125	EAST SOUTH CENTRAL:	646	336	36	30
Albany, N. Y.-----	54	34	1	1	Birmingham, Ala.-----	101	50	2	4
Allentown, Pa.-----	39	28	4	3	Chattanooga, Tenn.-----	34	16	4	3
Buffalo, N. Y.-----	162	96	2	9	Knoxville, Tenn.-----	55	36	5	-
Camden, N. J.-----	42	24	5	2	Louisville, Ky.-----	144	82	9	8
Elizabeth, N. J.-----	28	18	2	1	Memphis, Tenn.-----	149	77	7	9
Erie, Pa.-----	44	28	4	3	Mobile, Ala.-----	44	25	1	1
Jersey City, N. J.-----	62	36	4	1	Montgomery, Ala.-----	35	16	5	2
Newark, N. J.-----	86	46	5	2	Nashville, Tenn.-----	84	34	3	3
New York City, N. Y.-----	1,725	1,033	58	52	WEST SOUTH CENTRAL:	1,186	643	41	69
Paterson, N. J.-----	42	27	1	4	Austin, Tex.-----	48	37	10	1
Philadelphia, Pa.-----	422	252	3	18	Baton Rouge, La.-----	37	20	2	2
Pittsburgh, Pa.-----	187	98	15	9	Corpus Christi, Tex.-----	23	15	-	1
Reading, Pa.-----	45	29	1	-	Dallas, Tex.-----	165	89	1	11
Rochester, N. Y.-----	122	81	12	6	El Paso, Tex.-----	59	28	4	7
Schenectady, N. Y.-----	23	16	-	1	Fort Worth, Tex.-----	74	42	1	8
Scranton, Pa.-----	38	25	-	1	Houston, Tex.-----	207	92	6	13
Syracuse, N. Y.-----	94	67	3	2	Little Rock, Ark.-----	40	26	1	1
Trenton, N. J.-----	52	27	1	7	New Orleans, La.-----	199	112	3	13
Utica, N. Y.-----	21	15	2	1	Oklahoma City, Okla.-----	89	52	3	4
Yonkers, N. Y.-----	41	24	2	2	San Antonio, Tex.-----	125	67	3	4
EAST NORTH CENTRAL:	2,635	1,453	84	109	Shreveport, La.-----	48	29	2	-
Akron, Ohio-----	78	48	-	6	Tulsa, Okla.-----	72	34	5	4
Canton, Ohio-----	40	24	3	3	MOUNTAIN:	440	265	24	22
Chicago, Ill.-----	757	400	32	29	Albuquerque, N. Mex.-----	43	19	4	6
Cincinnati, Ohio-----	171	96	5	10	Colorado Springs, Colo.-----	28	18	2	1
Cleveland, Ohio-----	210	108	3	7	Denver, Colo.-----	106	64	7	4
Columbus, Ohio-----	121	60	-	6	Ogden, Utah-----	21	17	2	1
Dayton, Ohio-----	85	43	-	5	Phoenix, Ariz.-----	109	67	1	7
Detroit, Mich.-----	321	175	6	9	Pueblo, Colo.-----	24	14	4	2
Evansville, Ind.-----	40	27	1	1	Salt Lake City, Utah-----	56	33	-	1
Flint, Mich.-----	49	29	2	2	Tucson, Ariz.-----	53	33	4	-
Fort Wayne, Ind.-----	57	33	4	6	PACIFIC:	1,516	915	22	52
Cary, Ind.-----	27	14	1	2	Berkeley, Calif.-----	19	16	-	-
Grand Rapids, Mich.-----	63	42	7	3	Fresno, Calif.-----	41	20	-	2
Indianapolis, Ind.-----	141	81	1	8	Clendale, Calif.-----	17	14	-	-
Madison, Wis.-----	37	20	4	1	Honolulu, Hawaii-----	46	20	-	5
Milwaukee, Wis.-----	165	102	3	1	Long Beach, Calif.-----	94	62	4	4
Peoria, Ill.-----	45	19	-	5	Los Angeles, Calif.-----	422	245	5	14
Rockford, Ill.-----	48	30	3	1	Oakland, Calif.-----	78	50	1	7
South Bend, Ind.-----	33	15	5	1	Pasadena, Calif.-----	27	22	-	-
Toledo, Ohio-----	91	52	3	-	Portland, Oreg.-----	141	88	2	5
Youngstown, Ohio-----	56	35	1	3	Sacramento, Calif.-----	69	34	2	1
WEST NORTH CENTRAL:	844	519	31	47	San Diego, Calif.-----	91	49	2	5
Des Moines, Iowa-----	69	43	1	2	San Francisco, Calif.-----	179	112	2	4
Duluth, Minn.-----	18	11	1	-	San Jose, Calif.-----	41	24	-	-
Kansas City, Kans.-----	36	18	4	1	Seattle, Wash.-----	151	95	3	2
Kansas City, Mo.-----	141	81	1	6	Spokane, Wash.-----	63	45	1	-
Lincoln, Nebr.-----	29	22	2	-	Tacoma, Wash.-----	37	19	-	3
Minneapolis, Minn.-----	116	75	2	6	Total	12,560	7,185	442	554
Omaha, Nebr.-----	74	48	1	4					
St. Louis, Mo.-----	229	133	10	20					
St. Paul, Minn.-----	76	53	4	7					
Wichita, Kans.-----	56	35	5	1					

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages -----	570,543
All Causes, Age 65 and over-----	327,899
Pneumonia and Influenza, All Ages-----	22,571
All Causes, Under 1 Year of Age-----	26,989

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SHIGELLOSIS - (Continued from page 418)

by the caterers in an improperly refrigerated truck. The temperature in the truck was adequate for incubation and the delivery time sufficient for replication of organisms. Both incriminated food items were prepared by six food handlers at the catering service. At least two of these food handlers reported illnesses compatible with shigellosis during the week of the outbreaks. Stool cultures from 29 patients and one food handler were positive for *Shigella sonnei*. Inspection of the caterer's kitchen facilities revealed crowded conditions and many violations of recommended sanitary practices.

(Reported by Calvin B. Spencer, M.D., Acting State Epidemiologist; Jack Russell, D.V.M., Public Health Veterinarian, and Charles Croft, M.S., Dr.Sc., Chief, Public Health Laboratories, Ohio Department of Health; Robert A. Vagel, M.D., Health Commissioner, Montgomery County Health Department; Robert F. McCannaughy, Health Commissioner, Butler County Health Department; Joseph E. Orthofer, D.V.M., Administrative Assistant to the Commissioner of Health, Dayton City Health Department; Epidemiologic Services Laboratory Section, Epidemiology Program, NCDC; and a team of EIS Officers.)

INTERNATIONAL NOTES
QUARANTINE MEASURES

Additional Immunization Information for International Travel 1967-68 edition—Public Health Service Publication No. 384

The following new Yellow Fever Vaccination Centers should be included in Section 6:

City and State: New Rochelle, New York

Center: New Rochelle Department of Public Health
30 Church Street, 10801
Telephone NE 2-2315

Clinic Hours: Daily, 2:00-4:00 p.m.

Fee: No

City and State: New York City, New York

Center: Pan Medical Associates
77 Park Avenue, 10016
Telephone MU 4-0621

Clinic Hours: Tuesday, Thursday, and Friday, 2:00 p.m.

Fee: No

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In the article "Quarantine Measures" under Eloise Michigan, Wayne County Department of Health, the telephone number should be changed to "274-2800, Ext. 6891" and the "No" after fee to "Yes."

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EDITOR MICHAEL B. GREGG, M.D.

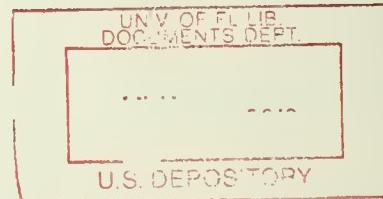
IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

NATIONAL COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333
ATTN: THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
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